

## **MICHAEL DALY**

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RE: Senate Bill 1076 - An Act Concerning Aid in Dying for Terminally Ill Patients

I write today in opposition to Senate Bill 1075 - An Act Concerning Aid in Dying for Terminally Ill Patients.

I was diagnosed with a rare form of cancer. My oncologist was not optimistic about my chances for a good outcome. And each appointment ended with "You have cancer Mike."

I found myself wrestling with many questions. "What would my illness feel like?" "Am I strong enough to endure it bravely?" How will I know when I begin dying? "Will it be painful?" "What will be the financial effects of my illness on my family?" "How do I prepare myself, my family and my friends for my death?" "Am I strong enough to endure it bravely?" "How difficult will it be for my family to anticipate my needs and make decisions about my care?" "Is it fair to make them do this?" Do I have the right burden my family with the decision when to turn off life support?" "How do I prepare for this?" "Am I strong enough to endure this bravely?" "Can I do this?"

I decided that if I could not save my life, I would control my death. That helped me think I might be able die. I was planning and actually thought maybe I am strong enough to do this bravely. At times I even thought I might die "well" if there could be such a thing. Death became something that happened and somehow the finality disappeared. I met with the funeral director, picked out my casket and made the arrangements for the wake, and made arrangements for a cemetery plot.

And when my death was planned, I thought, "now what?". "When do I die?" I found myself focusing on all those questions rather than living through and beyond my illness. At times, I thought it would be easier to have it over. The planning made it seem inevitable and real. I had panic attacks. Life was not fun. I had a good death planned so why won't it just happen. Death was not death – it became a clinical break from a life that was hard. Fortunately, none of my physicians mentioned suicide or offered to help me kill myself. I don't know what I would have decided, but I do know that I was not in any frame of mind to rationally make this decision.

Fortunately, after a number of months, I was referred to a specialist at Yale. I started to think that I had overcome many obstacles in my life. In a different atmosphere, I began to think that the best thing was not to give up, to take control, fight to live and not worry about finding the answers to all those questions that were haunting me.

I have lived a lot longer than any doctor thought possible given my diagnosis. And I will keep going. I live with fear of recurrence. I have lost my balance and my hearing as a result of the treatments. Some days I get depressed. When will assisted suicide be available to me? Should I ask for help committing suicide? Once we begin down this road, validating suicide in some instances, where do we stop?

Through it all, I have no regrets about my survival. I would never choose death over the life I have now; a life that is not as I planned, but it is my life. I am here because no one suggested I consider killing myself or offering to help me do it. Given the struggles, perhaps if someone offered to help me to my kill myself, I would not be testifying today. Fortunately, we will never know.

Suicide, derived from the Latin *suicidium*, is the act of taking one's own life. Webster's defines suicide as the act or instance of taking one's own life voluntarily and intentionally. Assisted Suicide occurs when one individual helps another bring about their own death indirectly via providing either advice or the means to the end. Titles such as "Aid in Dying" is nothing more than a misleading term to that is designed to make suicide less objectionable or offensive to the majority. The American Medical Association believes that these euphemistic terms are misleading and the term "physician-assisted suicide" is more accurate and describes what this legislation proposes with the most precision. It is standard statutory interpretation to look to the common meaning of words. Aid in dying, assistance in dying and any other action taken with or without the assistance of another is suicide. If this bill is so noble and designed to enhance the quality of lives in Connecticut, why are we not just calling it the Physician Assisted Suicide Bill. At least then it would be honest.

The title of this bill is very misleading. It would have the public believe that the bill is to assist those whose concerns are a painful death or a death after 6 months of a painful illness. However, statistically that is not the case. In states where assisted suicide is legal the most frequently mentioned end-of-life concerns were loss of autonomy, decreasing ability to participate in activities that make life enjoyable, loss of dignity and fear of being a burden on family and friends. Fear of pain was a concern in only 27 percent of the cases.

Clearly, the drafters of this bill are not comfortable with what they are proposing, the bill actually says that "A qualified patient's act of requesting aid in dying or self-administering medication dispensed or prescribed for aid in dying shall not constitute suicide for any purpose.... Does the legislature really believe that it has the right to change the common meaning of words and actions. Should we say "Expected Death" in our obituaries vs. Died Suddenly in the obituaries of self-inflicted deaths we are acknowledging?

Another area of concern is the potential for abuse. What does the physician who believes in dispensing these assisted suicide prescriptions say to a patient who asks for their medical opinion about what they should do? There is no mechanism to capture information that would lead to the discovery of abuse. This act ensures there is no information regarding the number of assisted suicides, the physicians who prescribe them or the reasons they were approved. This information is beyond the reach of the public through the freedom of information act. Clearly, if the legislature feels the need to keep this information from the public, but not any other cause of death, there are serious questions about the legitimacy and morality of this act.

The provisions with respect to a will are ludicrous. The very act of making a will to dispose of one's property, while contemplating assisted suicide, can be used to contest a will and perhaps invalidate the will which will lead to a windfall for certain potential beneficiaries. And when will someone cite this provision as public policy, to invalidate a will made by someone who committed suicide without the assistance of a physician.

We all demand full disclosure and honesty from physicians and our appointed and elected public officials. This legislation prevents the truth being placed on the death certificate, discussed or released to the public.

And finally, we must ask ourselves what is the message this legislation sends to our youth. In a country where death by suicide is one of the leading causes of death among young adults, the fact that our society is making some lives not worth living makes a statement that may be detrimental to youth that are may be contemplating death by suicide. And like so many difficult issues, passage of this legislation puts the residents of Connecticut on the slippery slope, as seen in other jurisdictions and countries that have passed a similar statute.

How many people will kill them selves because a doctor said they will not live more than 6 months. Have you considered that this legislation will be more precise than the science that

provides the diagnosis? They will be right because you have enabled them to make it a self-fulfilling prophecy.

Given the ranking of our major economic indicators, I would urge the legislature to focus on the quality of life in Connecticut rather than state sanctioned suicide.

I urge you to consider what you are doing here. Thank you for your time and your service.

Respectfully submitted,

/s/ Michael J. Daly